Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFFS)

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: Group Variable Annuity Application (MFFS)

Project Name/Number: Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)

### Filing at a Glance

Company: Metropolitan Life Insurance Company

Product Name: Group Variable Annuity SERFF Tr Num: METK-128538427 State: Arkansas

Application (MFFS)

TOI: A03G Group Annuities - Deferred Variable SERFF Status: Closed-Approved- State Tr Num:

Closed

Sub-TOI: A03G.002 Flexible Premium Co Tr Num: GROUP VARIABLE State Status: Approved-Closed

ANNUITY APPLICATION (MFFS)

Filing Type: Form Reviewer(s): Linda Bird

Authors: Karen Foley, Barry

Sullivan, Janice Bellot

Date Submitted: 07/10/2012 Disposition Status: Approved-

Closed

Disposition Date: 07/12/2012

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

#### **General Information**

Project Name: Group Variable Annuity Application (MFFS)

Status of Filing in Domicile:

Project Number: FFS 403B APP VER1 (06/12)

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Trust Overall Rate Impact:

Filing Status Changed: 07/12/2012

State Status Changed: 07/12/2012 Deemer Date:

Created By: Janice Bellot Submitted By: Janice Bellot

Corresponding Filing Tracking Number:

Filing Description:

Enclosed are copies of the above referenced forms. Forms FFS 403B APP VER1 (06/12), FFS-VER1 LGWB-R (06/12), MFFSVER1APP SS (06/12), and MFFSVER1-SS-LGWB (06/12) are new do not replace any previously approved forms.

These applications will be used with our Flexible Purchase Payment Deferred Variable Annuity Certificate form, G.FFS (08/02) that was previously approved by your Department. It will be made available to all Eligible Employer Groups

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFFS)

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: Group Variable Annuity Application (MFFS)

Project Name/Number: Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)

(which would include Corporations, Partnerships, Privately Owned Companies and Non-Profit Organizations) and their Eligible Employees.

These forms have been completed in John Doe fashion. These forms are being submitted in final printed format and are subject to only minor modifications in paper size and stock, ink, border, company logo, typographical errors and adaptation to computer printing.

A readability score has not been included with this filing as the policy to which these applications are attached is a variable annuity, which is subject to federal jurisdiction and is exempt from readability requirements.

These forms have been completed in John Doe fashion. Material that is bracketed is variable and is subject to change in accordance with the circumstances of a particular case or insured. These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, company logo, typographical errors and adaptation to computer printing.

Thank you for your review of this filing.

#### State Narrative:

# **Company and Contact**

#### **Filing Contact Information**

Karen Foley, Director, Annuity Policy Bureau kbfoley@metlife.com 501 Boylston Street 617-578-3128 [Phone] Boston, MA 02116 617-578-5505 [FAX]

**Filing Company Information** 

Metropolitan Life Insurance Company CoCode: 65978 State of Domicile: New York

200 Park Avenue Group Code: 241 Company Type: Life New York, NY 10166 Group Name: MetLife Group State ID Number:

(617) 578-2000 ext. [Phone] FEIN Number: 13-5581829

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# **Filing Fees**

Fee Required? Yes
Fee Amount: \$200.00
Retaliatory? Yes

Fee Explanation: Metropolitan Life Insurance Company domicile is New York. No fee required. Arkansas Filing

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

 $Company\ Tracking\ Number: \qquad GROUP\ VARIABLE\ ANNUITY\ APPLICATION\ (MFFS)$ 

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: Group Variable Annuity Application (MFFS)

Project Name/Number: Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)

fee is \$50.00 per form. Four forms filed.

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Metropolitan Life Insurance Company \$200.00 07/10/2012 60756406

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFFS)

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: Group Variable Annuity Application (MFFS)

Project Name/Number: Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)

# **Correspondence Summary**

#### **Dispositions**

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	07/12/2012	07/12/2012

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFFS)

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: Group Variable Annuity Application (MFFS)

Project Name/Number: Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)

# **Disposition**

Disposition Date: 07/12/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFFS)

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: Group Variable Annuity Application (MFFS)

Project Name/Number: Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Certification		Yes
Supporting Document	Statement of Variability		Yes
Form	Variable Annuity Application		Yes
Form	Variable Annuity Application		Yes
Form	Variable Annuity Application		Yes
Form	Variable Annuity Application		Yes

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFFS)

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: Group Variable Annuity Application (MFFS)

Project Name/Number: Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)

### Form Schedule

Lead Form Number: FFS 403B APP VER1 (06/12)

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	FFS 403B APP VER1 (06/12)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	FFS 403B APP VER1 (06- 12)_JD.pdf
	FFS VER1 LGWB-R (06/12)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	FFS-VER1 LGWB-R (06- 12)_JD.pdf
	MFFSVER 1APP SS (06/12)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	MFFSVER1A PP SS (06- 12)_JD.pdf
	MFFSVER 1-SS- LGWB (06/12)	Application/Variable Annuity Enrollment Application Form	Initial		0.000	MFFSVER1- SS-LGWB (06- 12)_JD.pdf

### MetLife

# Metropolitan Life Insurance Company(MetLife) 200 Park Avenue, New York, NY 10166-0188

Variable Annuity Application MetLife Financial Freedom Select® Non-ERISA Tax Sheltered Annuity (TSA) Version 1

# Administrative Office

#### MetLife

4700 Westown Parkway Ste. 200 West Des Moines, IA 50266

	FOR	СОМРА	NY USE	ONLY	
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1. Employer Information (To be completed by Representative)	erenega .	
Check One: VExisting Group: Employer Group # 1212		
☐ New Group: If new group, complete the following:		
(a) Employer		
(b) Plan Name (If different)		
(c) Address		
(d) Employee I.D.# (If other than Social Security #)	Campus #	
(e) Plan Participation Date		
2. MetLife Financial Freedom Select Class Selection		
Select One Class — If no class is selected, the B Class will automatically be chosen.		
B Class JL Class		
3. Certificate Applied for:		
₩403(b) Tax Sheltered Annuity Check if: ☐ 501(c)(3)		
4. Participant		
Name (First, Middle Initial, Last)  JOHN Q TOF	Marital Status	Date of Birth
Street Address	Social Security #	1211511111
123 MAIN STREET	987-65-	-4321
City, State, ZIP Code	Occupation TPUCKEV	
Home Telephone # Work Telephone #		
555-617-5103 555-444-3128	Are you retired? JY	es WNo
Sex: Male Demale Specify Citizenship: U.S.A. Dother		
E-mail Address: idolaad. Com		

5. Primary	y and Contingen	t Beneficiary(i	er)				
Bene	eficiary Type	Name	e (First, Middle Initial,	Last)	Relationship to Par	ticipant S	locial Security #
Primary	<b>→</b> Contingent	MARY	DOE		WIFE	122	4-9078
<b>□</b> Primary	☐ Contingent						
☐ Primary	<b>∠</b> Contingent	History				a a financia	
<b>→</b> Primary	☐ Contingent	andrian (PCP) All the Committee of the C		*** **********************************	PHDMIII		may men et ur untri trins de en euro cuanti per un reli a cuan en en en en est establica del cual (del en el pe
6. Contrib	ution						
			А	mount	Times per Y	ear	
Employee Sa	lary Reduction1:		and administrated and his fields in his decisions included an included an annual new contract.		X	<del>debrandshiladi —</del> acces	
Additional Ar	mount:		\$1,0	$\infty$	×(2_	odni da su annimalis a dell'otto	
Employee Aft	ter-tax Deduction:						
Roth Employe	ee Salary Reduction	1.	<del>del de primirio</del> por la morto por construição de altra construir naces de construir na construir naces de c		×		
Payroll Effect	ive Date:		4/15	12002			
Lumn Sum Di	irect Transfer Amour	nt·	(mn	n/dd/yyyy)			
•	nds for Transfer:						
		nsion Assets	Cert. of Deposit	Mutual Fu	nd Money	Market	Bonds
S	itocks	Loan	Life Policy	Endowme	nt Real E	state	Other
***************************************				/hhadasida No			
¹ I certify that	t I have entered into	a separate salar	y reduction agreem	Maturity Da) ent with my emp	loyer for employee :		(Description) ——) contributions.
	ment (Must be c						
(a) Do you h	ave any existing inc	dividual life insur	ance or annuity con	tracts?	Yes 🖫 No		
for? This	includes full or pa	rtial withdrawals	s of dividends or ca	ish values, loans	annuity contract to p s, pledging as collat im or invoking an ac	eral, reissuing w	ith less cash value
J Yes	No						
(Note: If of wheth	"Yes", the Represei her state replaceme	ntative must com ent rules apply. I	iplete a MetLife An f "No", skip to Sect	nuity Replaceme ion 8.)	ent Questionnaire a	nd provide detai	ils below regardless
Col	mpany Name	Police	y/Contract #	Transacti (e.g., "Full witho	on Description Irawal of cash value")	Check (✔) if Rev. Rul. 90-24 Transfer	Check (✔) if Group Life or Annuity
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	and the state of t		100000 1 at 2011 at 1,000 at 1				
			**************************************		adore (almost pum) pum) quim) (200 pum) (200 pum) (200 m) (200 pum) (200 pum		

# 8. Optional Riders (Available at time of application and may not be changed once elected. There are additional charges for the Riders)

☐ Annual Step-up Death Benefit ☐ The Predictor<sup>SM</sup> (Guaranteed Minimum Income Benefit)\*

\* Not Available in all States.

\* The Guaranteed Minimum Income Benefit (GMIB) may have limited usefulness in a 403(b) plan. Required minimum distributions may have the effect of reducing or, in some cases, entirely eliminating the value of this benefit. If you think you would not exercise the GMIB benefit until after your required beginning date (i.e., April 1st after the later of the year you reach 70½ or the year you separate from service), you should consult your tax advisor to determine if the GMIB is appropriate for your circumstances.

### 9. Authorization & Signature(s)

#### (a) Notice to Applicant

Arkansas, Louisiana, Rhode Island and West Virginia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents Only: A person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing false, incomplete or misleading information is guilty of a felony of the third degree.

**Kentucky Residents Only:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Residents Only: A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is quilty of insurance fraud.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

#### Other Important State Notices

Notice to Applicants: Arizona Residents Only: Upon receipt of your written request, we will provide within a reasonable time period, factual information regarding the benefits and provisions of this Contract. This Contract may be returned for any reason if you are not satisfied with it. You may return the Contract within 10-days, or 30-days if you were 65 years of age or older on the date you applied for this annuity. If you return it within the 10-day or 30-day period your Contract will be cancelled. We will promptly refund your Purchase Payment less any income payment and withdrawals already made as of the Business Day we receive your Contract.

Massachusetts Residents Only: The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Interest Account and reallocation from the Investment Divisions to the Fixed Interest Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Interest Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Interest Account in the future. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED INTEREST ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

Continued on Page 4

### 9. Authorization & Signature(s) Continued from Page 3

#### (b) Signatures

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I have received MetLife's Notice of Privacy Policies and Practices, the current prospectus for the MetLife Financial Freedom Select, and all required fund prospectuses. I understand that all values provided by the contract/certificate being applied for, which are based on the investment experience of the Separate Account are variable and are not guaranteed as to the amount. I understand that as required by law MetLife Financial Freedom Select restricts distribution of my 403(b) contributions and earnings on them to the extent required by law until I am 59½, except under certain special situations. This does not restrict tax free transfers to other funding vehicles. I also understand that my contributions and earnings may be restricted as defined in the plan document. I understand that the Internal Revenue Code provides tax deferral for 403(b) arrangements and there is no additional tax benefit obtained by funding a TSA with a variable annuity.

It is conceivable that certain optional death benefits and living benefits could have adverse tax consequences. Consult your own tax advisor prior to purchase.

I understand that certain tax rules regarding designated Roth 403(b) contracts are not clear and that the Company has the right to allocate benefits, credits and charges between the designated Roth account and the non-Roth account under this contract or Certificate using a method it deems reasonable based on existing tax guidance.

Under penalties of perjury, I certify that (a) the Social Security Number shown on this form is my correct number, and (b) I am not subject to backup withholding because (i) I am exempt from backup withholding or (ii) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends or (iii) the IRS has notified me that I am no longer subject to backup withholding and (c) I am a U.S. person (including a U.S. resident alien). (Note that you must cross out item (b) above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.)

Location where application signed Wy Town, WH	
Signature of Participant	3/20/2012 Date
10. Representative Information	
<b>Statement of Representative</b> All answers are correct to the best of my knowledge. I have provide <i>Notice of Privacy Policies and Practices</i> , prior to or at the time he/she completed the application for Financial Freedom Select prospectus, and all required fund prospectuses; and reviewed the financial standard believe that a multifunded annuity contract would be suitable. I am properly FINRA registered and signed this application. The Financial Industry Regulatory Authority (FINRA) is an independent regulation to United States.	orm. I have also delivered a current MetLife ituation of the Proposed Owner as disclosed and licensed in the state where the Participant
Do you have reason to believe that the replacement or change of the existing insurance or annuity Signature of Representative	may be involved? I Yes INO  Date
Printed Representative Name (First, Middle Initial, Last)  OHN AGENT	State License I.D.#

### MetLife

# Metropolitan Life Insurance Company(MetLife) 200 Park Avenue, New York, NY 10166-0188

Variable Annuity Application MetLife Financial Freedom Select® Non-ERISA Tax Sheltered Annuity (TSA) Version 1

# Administrative Office

MetLife

4700 Westown Parkway, Ste. 200

w	est Des Moines, IA 50266	
F	OR COMPANY USE ONLY	
No		
Contract N	O	

1. Employer Information (To be completed by Representative)	Transport Control of the Control of
Check One: Sexisting Group: Employer Group # 12-12-1	
New Group: If new group, complete the following:	
(a) Employer	
(b) Plan Name (If different)	
(c) Address	
(d) Employee I.D.# (If other than Social Security #)	Campus #
(e) Plan Participation Date	
2. MetLife Financial Freedom Select Class Selection	
Select One Class — If no class is selected, the B Class will automatically be chosen.	
B Class J L Class	
3. Certificate Applied for:	
✓ 403(b) Tax Sheltered Annuity Check if: ☐ 501(c)(3)	
4. Participant	The state of the s
Name (First, Middle Initial, Last)	Marital Status Date of Birth
JOHN Q THE	Marital Status  Date of Birth  Marital Status  Date of Birth
Street Address	Social Security #
City, State, ZIP Gode	987-654-321 Occupation
ANY TOWN USA 54221	TEACHER
Home Telephone # Work Telephone # 555-444-31	Are you retired? The Yes Who
Gender: Male Gender: Specify Citizenship: U.S.A.	1 Other
E-mail Address: john dolfa ad- com	

5. Primary and Contin	gent Beneficiary	(ies)				and the second
Beneficiary Type	Nan	ne (First, Middle Initial, L	.ast)	Relationship to Partic	ipant Soc	cial Security #
Primary _ Continge	nt MARC	1 DE		WITE	123	-45678
☐ Primary ☐ Continge	nt				AN ANALOLOMERS MINISES	
→ Primary → Continge	nt					
☐ Primary ☐ Continge	nt			na gilari puncunjun gilanda na gina danahan faranji gilari da dada dada ada aku danaha da farani gilari da da da		
6. Contribution	17.45					
		Aı	mount	Times per Yea	ar	
Employee Salary Reduction <sup>1</sup>	) F	which there there is no control to the special product of the specia	······································	×	**************************************	
Additional Amount:		\$1,1	000.	× \$ 12		
Employee After-tax Deduction	on:	akang dali kan paka dalam pingan king dalam salam ba	>			
Roth Employee Salary Redu	ction¹:	Americanics your base desired and assessment of the and the second of th	)	×	onomia Anto Anno	
Payroll Effective Date:		416 (mm	512012 1/dd/yyw)			
Lump Sum Direct Transfer A	mount:					
Source of Funds for Transfer	•					
Annuity Contract	Pension Assets	Cert. of Deposit	Mutual Fund	Money M	larket	Bonds
Stocks	Loan	Life Policy	Endowment	Real Es	tate	Other
			(Maturity Date)		(I	Description)
I certify that I have entered	-	ary reduction agreem	ent with my employ	yer for employee sa	alary reduction co	ontributions.
7. Replacement (Must	be completed)					
(a) Do you have any existing If "Yes", applicable disc	_	-		es 🗘 No		
(b) Will the annuity applied If "Yes", applicable disc				contracts or life ins	urance policies?	J Yes L No
(Note: Replacement in insurance contract in c			lapse, reduction in	n or redirection of	payments on ar	n annuity or life
Company Name	Pol	icy/Contract #	Transaction (e.g., "Full withdray		Check (✔) if Rev. Rul. 90-24 Transfer	Check (✔) if Group Life or Annuity
	and the same of th					
time attention contributes at the state and assume that as a contribute of the contr					et dan et kreite kilos kilos kilos kilos et P <sup>ilos kilo</sup> s et e Pilos kreite kreite et eg egen Perekken et kr	

# Optional Riders (Available at time of application and may not be changed once elected. There are additional charges for the Riders)

Living Benefit Riders* (Check only one or none)  The Predictor <sup>SM</sup> (Guaranteed Minimum Income Benefit)**	☐ MetLife Lifetime Withdrawal Guarantee™
* Not available in all states. State availability must be verified for each of	of the Living Benefit riders.
Death Benefit Rider  → Annual Step-up	

\*\* The Guaranteed Minimum Income Benefit (GMIB) may have limited usefulness in a 403(b) plan. Required minimum distributions may have the effect of reducing or, in some cases, entirely eliminating the value of this benefit. If you think you would not exercise the GMIB benefit until after your required beginning date (i.e., April 1st after the later of the year you reach 70½ or the year you separate from service), you should consult your tax advisor to determine if the GMIB is appropriate for your circumstances.

#### 9. Authorization & Signature(s)

#### (a) Notice to Applicant

Arkansas, Louisiana, Rhode Island and West Virginia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and confinement in prison.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Residents Only:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.

Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio Residents Only:** A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

#### Other Important State Notices

Massachusetts Residents Only: The variable annuity for which you are making this application gives us the right to restrict or discontinue fallocations of purchase payments to the Fixed Interest Account and reallocation from the Investment Divisions to the Fixed Interest Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Interest Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Interest Account in the future. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED INTEREST ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

Continued on page 4

#### 9. Authorization & Signature(s) Continued from Page 3

#### (b) Signatures

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I have received MetLife's *Customer Privacy Notice*, the current prospectus for the MetLife Financial Freedom Select, and all required fund prospectuses. I understand that all values provided by the contract/certificate being applied for, which are based on the investment experience of the Separate Account are variable and are not guaranteed as to the amount. I understand that as required by law MetLife Financial Freedom Select restricts distribution of my 403(b) contributions and earnings on them to the extent required by law until I am 59½, except under certain special situations. This does not restrict tax free transfers to other funding vehicles. I also understand that my contributions and earnings may be restricted as defined in the plan document. I understand that the Internal Revenue Code provides tax deferral for 403(b) arrangements and there is no additional tax benefit obtained by funding a TSA with a variable annuity.

It is conceivable that certain optional death benefits and living benefits could have adverse tax consequences. Consult your own tax advisor prior to purchase.

I understand that certain tax rules regarding designated Roth 403(b) contracts are not clear and that the Company has the right to allocate benefits, credits and charges between the designated Roth account and the non-Roth account under this contract or Certificate using a method it deems reasonable based on existing tax guidance.

Under penalties of perjury, I certify that (a) the Social Security Number shown on this form is my correct number, and (b) I am not subject to backup withholding because (i) I am exempt from backup withholding or (ii) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends or (iii) the IRS has notified me that I am no longer subject to backup withholding and (c) I am a U.S. person (including a U.S. resident alien). (Note that you must cross out item (b) above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.)

above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.)
City & State where application signed WATWA KA
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid hackup withholding.
Signature of Participant  3/20/202
10. Representative Information
<b>Statement of Representative</b> All answers are correct to the best of my knowledge. I have provided the Proposed Participant with MetLife's <i>Customer Privacy Notice</i> , prior to or at the time he/she completed the application form. I have also delivered a current MetLife Financial Freedom Select prospectus, and all required fund prospectuses; and reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifunded annuity contract would be suitable. I am properly FINRA registered and licensed in the state where the Participant signed this application. The Financial Industry Regulatory Authority (FINRA) is an independent regulator for all securities firms doing business in the United States.
Does the applicant have existing life insurance policies or annuity contracts?
Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)?
(Note: Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.)
Signature of Representative SUT
Printed Representative Name (First, Middle Initial, Last)  State License I.D.#  Name (First, Middle Initial, Last)
STATEMENT OF MANAGER/REGISTERED PRINCIPAL: I have reviewed this application as well as all submitted supplemental material. I believe this sale to be appropriate and suitable for the client based upon this review and the facts and circumstances known to me.
Approved Signature of Managing Director (or authorized Registered Principal)  Date  3 300000

MetLife Metropolitan Life Insurance Company(MetLife) 200 Park Avenue, New York, NY 10166-0188

Variable Annuity Application MetLife Financial Freedom Select® SEP, SIMPLE IRA Version 1

# Administrative Office

MetLife 4700 Westown Parkway, Ste. 200 West Des Moines, IA 50266

	FOR CO	MPANY	USE ON	LY	
No					
Contrac	t No.				

1. Employer Information (To be completed by Representative)	en e
Check One: 🗹 Existing Group: Employer Group # 12121	ana.
☐ New Group: If new group, complete the following:	
(a) Employer	
(b) Plan Name (If different)	
(c) Address	
Company to the contract of the	
2. MetLife Financial Freedom Select Class Selection	Marson on the Charles
Select One Class — If no class is selected, the B Class will automatically be chosen	
<b>™</b> B Class ☐ L Class	
3. Certificate Applied for:	
SEP SIMPLE IRA	
	THE CHAPTER SET OF THE
4. Participant (Must Also Be the Annuitant and the Owner)	
Name (First, Middle Initial, Last)	Marital Status Date of Birth
Street Address	Married 21151971 Social Security #
123 MAIN STREET	987-654-321
City, State, ZIR Code  ANY TOWN, USA 54312	Employee Identification # (If other than Social Security #)
Home Telephone # Work Telephone # 655-444-3128	Occupation TEACHER
Sex: Wale Gremale Specify Citizenship: WU.S.A. Grother_	
Plan Participation Date: 1/15/12 Are you retired? 2 Yes 2 No	E-mail Address

5. Primary and Conting	ent Beneficiary	(ies)				
Beneficiary Type	Nar	ne (First, Middle Initial, I	Last)	Relationship to Part	icipant	Social Security #
Primary - Contingent	MARRY	DE		WIFE	123	3-45-6789
☐ Primary ☐ Contingent		an and an an angular service (service (service) (service (service)) (service) (service	refront fair to the first with the second middle from which the second s			
☐ Primary ☐ Contingent		adal fi alah da kapanin da ada da				- ACCESSARIA AND AND AND AND AND AND AND AND AND AN
☐ Primary ☐ Contingent		tim termin ananteenia aan ah noonee aa makkaaka akkaaka akkaaka				
6. Contribution		4.17.162				
A		Amount	Times p	er Year		
Employee Salary Reduction <sup>1</sup> :	e salah		×			
Employer Contribution:		1,000	× 12			
Payroll Effective Date:		1151200 (mm/dd/yyyy)				
.ump Sum Direct Transfer Amo	unt/Rollover: _					
Source of Funds for Transfer:						
Annuity Contract	Pension Assets	Cert. of Deposit	Mutual Fu	nd Money	Market	Bonds
Stocks	Loan	Life Policy	Endowme	nt Real E	state	Other
			(Maturity Da	te)	STANCE and such administration of the standard section	(Description)
<ul> <li>7. Replacement (Must b</li> <li>(a) Do you have any existing it</li> <li>(b) Have you taken, or will yo for? This includes full or</li> </ul>	ns to be made as e completed) individual life insu u be taking, any r partial withdrawa	employee elective de trance or annuity cont noney from a life insu	ferrals.  tracts?	annuity contract to p	out into the anr	nuity you are applyin with less cash valu
suspension or reduction of No	f premium loan or	purchase payment, a	utomatic premiu	ım or invoking an ac	celerated paym	ient.
(Note: If "Yes", the Reprobelow regardless of whet	esentative must c ther state replace	complete a MetLife A ement rules apply. If	Innuity Replacei "No", skip to Se	ment and Transfer L ection 8.)	Disclosure Forn	า and provide detail
Company Name	Pol	icy/Contract #		on Description frawal of cash value")	Check ( ) if Trustee to Trustee Transfe	Group Life or
					The state of the s	·
	distribution of the state of th				THE PROPERTY OF THE PROPERTY O	

8.	Optional Riders (Available at time of application and may not be changed once elected. There are additional charges for the Riders)
T	✓ Annual Step-up Death Benefit ☐ The Predictor <sup>SM</sup> (Guaranteed Minimum Income Benefit)*
*	The GMIB may have limited usefulness in connection with tax-qualified contracts, such as IRA's because if the GMIB is not exercised on of before the date required minimum distributions must begin under a tax qualified plan or IRA, the contract owner or beneficiary might be unable to exercise the GMIB benefit under this Rider due to the restrictions imposed by the minimum distribution requirements. If you plar to exercise the GMIB after your required minimum distribution beginning date under a tax qualified contract or IRA, you should consider whether the GMIB is appropriate for your circumstances. You should consult your tax advisor.
9.	Authorization & Signature(s)
(a)	Notice to Applicant
	Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.
	<b>Pennsylvania Residents Only:</b> Any person who knowingly and with intent to defraud any insurance company or other person files are application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to crimina and civil penalties.
	Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.
(b)	Signatures
	I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I have received MetLife's Notice of Privacy Policies and Practices, the current prospectus for the MetLife Financial Freedom Select, and all required fund prospectuses. I understand that all values provided by the contract/certificate being applied for, which are based on the investment experience of the Separate Account are variable and are not guaranteed as to the amount. I understand that there is no additional tax benefit obtained by funding an IRA with a variable annuity. I understand that The Internal Revenue Service may take the position that the use of certain death benefit riders may adversely affect the qualification of the IRA contract/certificate. Please consult the tax section of the prospectus for further details.
(	ation where application signed City & State  City & State  Batter Of Participant  City & State  Date
10	). Representative Information
Not Fina and sigr in the	tement of Representative All answers are correct to the best of my knowledge. I have provided the Proposed Participant with MetLife's tice of Privacy Policies and Practices, prior to or at the time he/she completed the application form. I have also delivered a current MetLife ancial Freedom Select prospectus, and all required fund prospectuses; and reviewed the financial situation of the Proposed Owner as disclosed believe that a multifunded annuity contract would be suitable. I am properly FINRA registered and licensed in the state where the Participant and this application. The Financial Industry Regulatory Authority (FINRA) is an independent regulator for all securities firms doing business the United States.  You have reason to believe that the replacement or change of the existing insurance or annuity may be involved?  All Policies and Practices, prior to or at the time he/she completed the application form. I have also delivered a current MetLife's time and properly financial situation of the Proposed Owner as disclosed to the Proposed Owner as disclosed in the Proposed Owner as disclosed to the Proposed Owner as
Prin	ted Representative Name (First, Middle Initial, Last)  State License I.D.#

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### MetLife

# Metropolitan Life Insurance Company(MetLife) 200 Park Avenue, New York, NY 10166-0188

# Variable Annuity Application MetLife Financial Freedom Select®

SEP, SIMPLE IRA Version 1

# Administrative Office

#### MetLife

4700 Westown Parkway, Ste. 200 West Des Moines, IA 50266

FOR COMPANY USE ONLY

		Contract No.
1. Employer Information (To be comp	leted by Representative)	
Check One: Existing Group: Employer G  New Group: If new group, co	, , , , , , , , , , , , , , , , , , , ,	
(a) Employer		
(b) Plan Name (If different)		
(c) Address		
2. MetLife Financial Freedom Select (	Tace Solartion	The state of the s
Select One Class — If no class is selected, the	e B Class will automatically be chosen	
J B Class J L Class		
3. Certificate Applied for:	Laboration of the second	The state of the s
SEP SIMPLE IRA		
4. Participant (Must Also Be the Annu	itant and the Owner)	E Comment of the Comm
Name (First, Middle Initial, Last)		Marital Status  Date of Birth  Maurical 2[5][977
Street Address 123 MAN S-	IREET	Social Security # 987-45-4321
City, State, ZIP Code	A 54321	Employee Identification # (If other than Social Security #)
Home Jelephone # 555-4444-3 28	Work Telephone,#	Occupation Tlacker
Gender: Wale 🗀 Female	Specify Citizenship: U.S.A. U Other	
Plan Participation Date: 1,15,12	Are you retired?	E-mail Address

5. Primary and Continger	nt Beneficiary	(ies)			£.		
Beneficiary Type	Nar	me (First, Middle Initial,	Last)	Relationship to Part	icipant	Social Security #	
Primary Contingent	MAR	Y DE		WIFE	(2	13-45-6	186
☐ Primary ☐ Contingent		elektristische Antonio					
☐ Primary ☐ Contingent		######################################	en e			- Arthur James (1970 e 1970 e 1971 e 1971 e 1971 e 1971) e 1971 e 19	***************************************
🗅 Primary 🗀 Contingent							**************************************
6. Contribution		en e		ng.			
		Amount	Times p	er Year			
Employee Salary Reduction <sup>1</sup> :	YAMA	1,000	× 12	Total Commence of the Commence			
Employer Contribution:			×				
Payroll Effective Date:		4166000 (mm/dd/yyyy)					
Lump Sum Direct Transfer Amou	nt/Rollover: _						
Source of Funds for Transfer:							
Annuity Contract P	ension Assets	Cert. of Deposit	Mutual Fu	nd Money I	Market	Bonds	
Stocks	Loan	Life Policy	Endowme	nt Real E	state	Other	
\$477000 (P-001-7-) (Middle 17-0-17-00) (Middle 1-0-17-00) (Middle 1-0-17-00) (Middle 1-0-17-00) (Middle 1-0-17-00)		and differences and and south order designs and which appears and an admitted the party of the state of the s	(Maturity Dal	te)	***************************************	(Description)	
I certify that I have entered in Revenue Code for contribution 7. Replacement (Must be	s to be made as	rate salary reduction employee elective de	agreement with ferrals.	my Employer meeti	ing the requir	rements of the In	terna
(a) Do you have any existing in		urance or annuity con	tracts? 🗀 Yes	No No			
If "Yes", applicable disclos							
(b) Will the annuity applied for r If "Yes", applicable disclosu				uity contracts or life i	nsurance polic	ties? 🗀 Yes 🖰	No
(Note: Replacement including insurance contract in conn	les any surrend ection with this	er, loan, withdrawal application.)	, lapse, reductio	n in or redirection	of payments	on an annuity o	r life
Company Name	Pol	licy/Contract #		on Description frawal of cash value")	Check (🟏) Trustee to Trustee Trans	Group Life	
			Total In the second sec			Printerior	
		**************************************					

# 8. Optional Riders (Available at time of application and may not be changed once elected. There are additional charges for the Riders)

Living Benefit Riders* (Check only one or none)  ☐ The Predictor <sup>SM</sup> (Guaranteed Minimum Income Benefit)** ☐ MetLife Lifetime Withdrawal Guarantee <sup>TM</sup> * Not available in all states. State availability must be verified for each of the Living Benefit riders.	
Death Benefit Rider  Annual Step-up	

\*\* The GMIB may have limited usefulness in connection with tax-qualified contracts, such as IRA's because if the GMIB is not exercised on or before the date required minimum distributions must begin under a tax-qualified plan or IRA, the contract owner or beneficiary might be unable to exercise the GMIB benefit under this Rider due to the restrictions imposed by the minimum distribution requirements. If you plan to exercise the GMIB after your required minimum distribution beginning date under a tax qualified contract or IRA, you should consider whether the GMIB is appropriate for your circumstances. You should consult your tax advisor.

#### 9. Authorization & Signature(s)

#### (a) Notice to Applicant

Arkansas, Louisiana, Rhode Island and West Virginia Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

District of Columbia Residents Only: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Residents Only: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky Residents Only:** Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine Residents Only: A Premium Tax may be assessed. The State Premium Tax is currently 2%.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Ohio Residents Only:** A person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

#### Other Important State Notices

Massachusetts Residents Only: The variable annuity for which you are making this application gives us the right to restrict or discontinue allocations of purchase payments to the Fixed Interest Account and reallocation from the Investment Divisions to the Fixed Interest Account. This discontinuance right may be exercised for reasons which include but are not limited to our ability to support the minimum guaranteed interest rate of the Fixed Interest Account when the yields on our Investments would not be sufficient to do so. This discontinuance will not be exercised in an unfairly discriminatory manner. The prospectus also contains additional information about our right to restrict access to the Fixed Interest Account in the future. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND UNDERSTOOD THE STATEMENTS IN THIS APPLICATION AND IN THE PROSPECTUS THAT THE FIXED INTEREST ACCOUNT MAY NOT BE AVAILABLE AT SOME POINT DURING THE LIFE OF THE CONTRACT INCLUDING POSSIBLY WHEN THIS CONTRACT IS ISSUED.

Pennsylvania Residents Only: ANNUITY PAYMENTS OR SURRENDER VALUES, WHEN BASED UPON THE-INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND ARE NOT GUARANTEED AS TO A FIXED DOLLAR AMOUNT.

Continued on page 4

### 9. Authorization & Signature(s) Continued from Page 3

#### (b) Signatures

I hereby represent my answers to the above questions to be correct and true to the best of my knowledge and belief. I have received MetLife's Customer Privacy Notice, the current prospectus for the MetLife Financial Freedom Select, and all required fund prospectuses. I understand that all values provided by the contract/certificate being applied for, which are based on the investment experience of the Separate Account are variable and are not guaranteed as to the amount. I understand that there is no additional tax benefit obtained by funding an IRA with a variable annuity. I understand that The Internal Revenue Service may take the position that the use of certain death benefit riders may adversely affect the qualification of the IRA contract/certificate. Please consult the tax section of the prospectus for further details.

Under penalties of perjury, I certify that (a) the Social Security Number shown on this form is my correct number, and (b) I am not subject to backup withholding because (i) I am exempt from backup withholding or (ii) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends or (iii) the IRS has notified me that I am no longer subject to backup withholding and (c) I am a U.S. person (including a U.S. resident alien). (Note that you must cross out item (b) above if the IRS has notified you that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.)

City & State where application signed ANHOWN, USA
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.  Signature of Participant  Signature of Participant
10. Representative Information
Statement of Representative All answers are correct to the best of my knowledge. I have provided the Proposed Participant with MetLife's Customer Privacy Notice, prior to or at the time he/she completed the application form. I have also delivered a current MetLife Financial Freedom Select prospectus, and all required fund prospectuses; and reviewed the financial situation of the Proposed Owner as disclosed, and believe that a multifunded annuity contract would be suitable. I am properly FINRA registered and licensed in the state where the Participant signed this application. The Financial Industry Regulatory Authority (FINRA) is an independent regulator for all securities firms doing business in the United States.
Does the applicant have existing life insurance policies or annuity contracts? U Yes Mo  If "Yes", applicable disclosure and replacement forms must be attached.
Is this annuity being purchased to replace any existing life insurance or annuity policy(ies)?   Yes You have the property of
(Note: Replacement includes any surrender, loan, withdrawal, lapse, reduction in or redirection of payments on an annuity or life insurance contract in connection with this application.)  Signature of Representative  Date
Printed Bepresentative Name (First, Middle Initial, Last)  State License I.D.#
STATEMENT OF MANAGER/REGISTERED PRINCIPAL: I have reviewed this application as well as all submitted supplemental material. I believe this sale to be appropriate and suitable for the client based upon this review and the facts and circumstances known to me.
Approved Noblet (or authorized Registered Principal)  Signature of Managing Director (or authorized Registered Principal)  Date

Filing Company: Metropolitan Life Insurance Company State Tracking Number:

Company Tracking Number: GROUP VARIABLE ANNUITY APPLICATION (MFFS)

TOI: A03G Group Annuities - Deferred Variable Sub-TOI: A03G.002 Flexible Premium

Product Name: Group Variable Annuity Application (MFFS)

Project Name/Number: Group Variable Annuity Application (MFFS)/FFS 403B APP VER1 (06/12)

### **Supporting Document Schedules**

Item Status: Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: Not applicable to this filing.

**Comments:** 

Item Status: Status

Date:

Satisfied - Item: Application

**Comments:** 

See Form Schedule tab.

Item Status: Status

Date:

Bypassed - Item: Life & Annuity - Acturial Memo
Bypass Reason: Not applicable to this filing.

Comments:

Item Status: Status

Date:

Satisfied - Item: Certification

Comments: Attachment:

AR (MET) Certification.pdf

Item Status: Status

Date:

Satisfied - Item: Statement of Variability

Comments: Attachment:

SoV Applications.pdf

# State of Arkansas

### Certification

We certify compliance with Articles VI, VII, IX, and XI of Rule and Regulation 33 and all other applicable requirements of the Arkansas Insurance Department.

	Bennett D. Kleinberg
	Print Name
July 9, 2012	Bernett Do Kleinberg
Date	Signature
	Vice President & Senior Actuary
	Title

### Metropolitan Life Insurance Company June 18, 2012

# Statement of Variability For use with forms:

FFS 403B APP VER1 (06/12) FFS-VER1 LGWB-R (06/12) MFFSVER1APP SS (06/12) MFFSVER1-SS-LGWB (06/12)

Bracketed Items	Possible Variations
Company Address Administrative Office	These fields are bracketed to allow us to change the address or zip code if necessary
MetLife Financial Freedom Select Class Selection	The product classes are bracketed to permit changes to the marketing names and product class availability.
Contributions	The ability to change the types of contributions that will be available. For example, the introduction of the Roth IRA.
	The Source of Funds may contain some or all of the possible choices shown or any other source that may become acceptable in the future.
Optional Riders	These are optional features available for an extra charge that are only made available at time of application and attached to the certificate at issue via a rider or endorsement.
	As new riders or endorsements are approved by the Department, this section will be updated to reflect the marketing name and endorsement name. If a rider or endorsement is not approved in your state, we will note that.
Notice to Applicant	The ability to add Notices if required by states and to facilitate language changes due to future state requirements.